



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Office of Procurement and Support Services

Dana Dembrow, Director

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Request for Proposals (RFP) **QUALITY OF LIFE SURVEYS FOR MEDICAID LONG TERM SERVICES** **AND SUPPORTS PARTICIPANTS** **MDH OPASS#20-18375 /eMMA# BPM015767**

Addendum #5 **Issued: October 22, 2019**

All persons who are known by the Issuing Office to have received the above-mentioned RFP are hereby advised of the following revisions to the RFP:

Please be advised, the Department has extended the above proposal due date as indicated below:

Extended Due Date for Receipt of Quality of Life Surveys for Medicaid Long Term Services and Supports Participants.

The Department has extended the Due Date for Receipt of Proposals to no later than October 28, 2019 at 2:00 PM Local Time.

Revisions to RFP are as follows:

Language being added is bolded with doubled underlines, like this: **bolded with double underlines**. Language being deleted has a double strikethrough, like this: ~~double strikethrough~~.

3.6 Insurance Requirements

B. Errors and Omissions/Professional Liability - \$1,000,000 per combined single limit per claim and ~~\$2,000,000~~ **\$1,000,000** annual aggregate.

D. Cyber Security / Data Breach Insurance – (For any service offering hosted by the Contractor) ~~ten million dollars (\$10,000,000)~~ one million dollars (**\$1,000,000**) per occurrence. The coverage must be valid at all locations where work is performed or data or other information concerning the State's claimants or employers is processed or stored.

All other terms and conditions remain unchanged.

This Addendum is issued under the authority of State Procurement Regulations, COMAR 21.05.02.08 and with the approval of the Procurement Officer MDH.

October 22, 2019

Date

Dana Dembrow

Dana Dembrow
Procurement Officer, OPASS

ADDENDUM # 5 ACKNOWLEDGEMENT OF RECEIPT FORM

I acknowledge receipt of Addendum #5 to RFP MDH OPASS#20-18375 “**QUALITY OF LIFE SURVEYS FOR MEDICAID LONG TERM SERVICES AND SUPPORTS PARTICIPANTS**” dated October 22, 2019.

Vendor's Name

Authorized Signatory – (Print/Type)

Signature

Date

To be submitted with Offeror's proposal response.

ADDENDUM # 5